

Texas, I ask this great body to join me in sending our most heartfelt condolences to the family of Lance Corporal Juan Rodrigo Rodriguez. May God watch over his parents, Rodrigo and Juana, and sister, Fatima, in this time of need.

RECOGNIZING AND ENCOURAGING MENTORING DURING NATIONAL MENTORING MONTH OF JANUARY

The SPEAKER pro tempore (Mr. BURGESS). Under a previous order of the House, the gentleman from Nebraska (Mr. OSBORNE) is recognized for 5 minutes.

Mr. OSBORNE. Mr. Speaker, between 1962 and 1998 I was involved with young people as a member of the coaching profession; and during that period of time, that 36-year stretch, I saw some alarming trends. The out-of-wedlock birth rate went from 5 percent to 33 percent; an increase in children living without both biological parents has increased to nearly 50 percent; the United States has become the most violent Nation for young people in the civilized world; it has the highest homicide and the highest suicide rate. Back in 1960, cocaine, marijuana, and methamphetamine were practically unheard of and today, of course, we have a major epidemic.

So as far as I am concerned, Mr. Speaker, the greatest threat that we have to our Nation is what is happening to our young people.

I would like to suggest that the best available solution that I have been able to observe is mentoring. A mentor is, number one, someone who cares. Many children simply have no one in their lives, no adult who shows unconditional love and acceptance of them, and a mentor is somebody who does that.

Mentoring also provides affirmation. No one, whether you are 5 years old, 10 years old, or 60 years old, can function very well if there is not someone who occasionally says, we care about you, we approve of what you are doing, way to go. So a mentor is one who provides affirmation in a world where many young people get very little of it.

Then, thirdly, a mentor is one who provides a vision of what is possible. So many of our young children realize that when they get to be 16, they can leave school; and it is assumed that they will do that because they have never seen anyone in their family finish high school or go to college or contemplate a career. So a mentor provides vision.

Mentoring works. A mentoring program that I have been involved with in my home State of Nebraska has done some follow-up study with the Gallup organization. We found that a mentoring program, at least in this case, increased attendance by those being mentored by 80 percent, reduced disciplinary referrals by 60 percent, and increased academic performance by 40

percent. Other studies have shown that a reduction in drug and alcohol abuse has been about 50 percent, teenage pregnancy has gone down, violent crime has been reduced, graduation rates have been improved, peer relationships have been improved, including relationships with parents.

Mentoring is cost-effective. It usually costs about \$300 to \$500 per mentor-mentee match, whereas it costs \$30,000 to \$40,000 a year to incarcerate somebody. A young person on drugs may cost more than \$30,000 to \$40,000 a year.

The National Mentoring Partnership estimates that roughly 17.5 million young people badly need a mentor; and yet at the present time, we have only about 2.5 million children in mentoring relationships. So we have a gap of roughly 15 million young people.

The Congress and the President have recognized the need by providing \$50 million for Mentoring For Success grants, and another \$50 million for mentoring children of prisoners, and this was provided last year. However, much more could be done.

I urge Members of Congress to recognize and encourage mentoring during this National Mentoring Month of January. Members of the Mentoring Caucus are introducing a resolution honoring mentors. This will be done tomorrow, and we hope that we will have a broad base of support throughout the Congress.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

FINDING AND IMPLEMENTING NEW WAYS TO DECREASE HEALTH CARE COSTS AND IMPROVE PATIENT SAFETY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. MURPHY) is recognized for 5 minutes.

Mr. MURPHY. Mr. Speaker, I come to the floor today to discuss an important way to address the ongoing crisis of sky-rocketing health care costs. As the burden of paying for medical insurance continues to climb by double digits each year, it is clear that we cannot continue to do the same thing and expect different results.

Efforts to reduce health care costs have focused on health and medical savings accounts, medical liability reform, and association health plans. While these steps are vital and must not be abandoned, there are other actions we must take if we want to make quality health care more affordable and accessible.

As lawmakers, we currently have a limited focus when it comes to health care. Instead of always asking who will

pay for health care services, we should begin to focus on what we are paying for. We continue to fund an antiquated health care system in which patients too often end up paying for preventable medical errors that could be avoided with modern technology.

We need to institute fundamental changes to bring our Nation's health care delivery system into the 21st century.

We live in the Information Age; but health care, one of the most information-intensive fields, remains mired in a pen-and-paper past. We can buy plane tickets online, take cash out of an ATM anywhere in the world; and yet the health care industry remains dangerously disconnected.

Our inefficient health care information systems hold serious consequences for all of us. Patients must still carry their paper records and scribbled-down prescriptions from one provider to another, and any information that slips from their folder is lost forever. This lack of comprehensive technology results in medical errors, misdiagnosis, and needless test duplications; increases costs; and reduces the overall quality of health care.

Doctors and nurses often have only brief moments to examine voluminous paper medical records and risk missing critical patient information.

A wealth of information is available highlighting the need to modernize the American health care system sooner rather than later.

The Institute of Medicine reports that over 7,000 people die every year just from medication errors alone, with anywhere between 44,000 and 98,000 deaths attributed to medical errors in hospitals.

A study by the Rand Corporation estimates that only 55 percent of our Nation's patients are receiving the recommended care they need.

A recent study by the State of Pennsylvania found that 10 percent of hospitalizations in Pennsylvania under the age of 65 were unnecessary and avoidable had the patient been offered early intervention or high-quality outpatient care.

The absence of information technology in health care significantly contributes to inappropriate or inadequate treatment. These mistakes cost money and cost lives. According to the Pennsylvania Health Care Cost Containment Council, unnecessary hospitalizations cost \$2.8 billion in unnecessary treatment in Pennsylvania alone. And the Agency For Health Care Research and Quality reports that \$100 billion a year is linked to medical errors in this Nation.

Any other industry would not tolerate the mistakes and the costs associated with these mistakes. As far back as 1998, the Department of Health at the Mt. Sinai Medical Center reported the disparities between private business quality control and the rate of mistakes in health care.

At the time, it was found that some companies had 3.4 million defects per